

The Race Idea in Reproductive Technologies: Beyond Epistemic Scientism and Technological Mastery

Camisha Russell

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Abstract This paper explores the limitations of epistemic scientism for understanding the role the concept of race plays in assisted reproductive technology (ART) practices. Two major limitations centre around the desire to use scientific knowledge to bring about social improvement. In the first case, undue focus is placed on debunking the scientific reality of racial categories and characteristics. The alternative to this approach is to focus instead on the way the race idea functions in ART practices. Doing so reveals how the race idea (1) helps to define the reproductive “problems” different groups of women are experiencing and to dictate when and how they should be “helped”; (2) helps to resolve tensions about who should be considered the real parents of children produced by reproductive technologies; and (3) is used to limit ART use where that use threatens to denaturalize the very sociopolitical landscape the race idea has created. In the second case, scientific knowledge regarding reproduction is thought to call for technological control over that reproduction. This leads to an overemphasis on personal responsibility and a depoliticization of racialized social inequalities.

Keywords Race · Assisted reproductive technologies · Epistemic scientism · Technology

This essay takes up the question of epistemic scientism as it concerns the question of race and the aim of scientific knowledge to fight racism. Describing the difference between “scientific” *race theory* (which epistemic scientism attacks) and what can be called the *race idea* (which is not ultimately based in science and therefore cannot be challenged on that basis), I argue that the epistemic scientism approach errs in placing too much emphasis on what race is (or is not), rather than what race *does*—that is, the function of ideas of race in various social and political landscapes. Shifting our focus from arguments about the “scientific reality” of race to analyses of the social operations of the race idea is crucial to the complex and nuanced study of race and bioethical issues. To demonstrate this importance, I examine the role that the race idea plays in assisted reproductive technology (ART) practices. I also call into question the way in which epistemic scientism often leads to a desire to pursue justice through technology—a practice which can draw attention away from the true roots of social inequality.

Race Theory vs. the Race Idea

When I speak of epistemic scientism here, I am focused primarily on two (of six) “signs of scientism” identified by Susan Haack (2012). The first is a “preoccupation with demarcation, i.e., with drawing a sharp line between genuine science, the real thing, and ‘pseudo-scientific’ imposters”; the second is “[l]ooking to the sciences for answers to questions beyond their scope”

C. Russell (✉)
Department of Philosophy, Colorado College, 14 East Cache La Poudre,
Colorado Springs, CO 80903, USA
e-mail: camisha.russell@coloradocollege.edu

(Haack 2012, 77). As this analysis will show, the former preoccupation can cause the practitioner or supporter of science to overlook, ignore, or underestimate the elements of a problem that are in fact beyond the scope of science. One of the many noble uses to which epistemic scientism has been put is in fighting racism. Taking race science to be one of the key factors in the creation and maintenance of racism, an epistemic scientism approach seeks to use research in the natural sciences to disprove either the very existence of biological race or any connections between biological race and physical health, moral character, and/or mental capacity. Though such approaches might be framed as purely objective scientific work, they do not stand apart from (important) ethical aims.

Within the philosophy of race, the position that race is not a scientifically valid concept and should therefore be abandoned is called *eliminativist constructivism*. In his well-known arguments for this position (which has been modified since), Anthony Appiah (Appiah and Gutmann 1996) pointed to a passage from science writer Paul Hoffman's 1994 article, "The Science of Race," which concluded that "race accounts for only a miniscule 0.012 percent difference in our genetic material" (Hoffman 1994, 4). For Appiah, this was evidence for the non-existence of race. Race, he argued, is an essentially biological concept that is supposed to allow for meaningful classification of human beings into scientifically delineable groups such that their shared physiological features (e.g., skin colour) would be predictive of other group traits. Thus, if we cannot come up with such scientifically delineable groups, or if the groups we can come up with do not allow us to draw any correlations with moral or social traits, then the race concept fails (Appiah and Gutmann 1996). In other words, if there are no *races*, the *race concept* must be rejected.

Eliminativist constructivists, along with many of those who argue *against* abandoning the concept of race, typically take themselves to be involved in work on and debates over the *metaphysics* of race. As Anna Stubblefield (2005) has pointed out, however, different philosophers' arguments concerning the *reality* of race may actually be based in those philosophers' *moral* convictions about whether or not we should take race into account in our individual moral reasoning. She believes that, at its heart, the debate is a consequentialist one over whether taking race into account only perpetuates racial oppression or is in fact necessary to effectively combat such oppression (Stubblefield 2005).

This is a crucial question. While it may seem important to marshal evidence against the scientific legitimacy of racism—and while that evidence may be compelling—we should also consider how well an epistemic scientist approach actually serves (or obstructs) efforts to end racial oppression. Such an approach places the problem of racism in individual minds and seeks to change those minds by appealing to reason. Focusing on racism as a dangerous set of false *beliefs*, however, obscures another understanding of racism: as a politically powerful set of sedimented social *practices*. As Robert Bernasconi describes, attempts aimed at challenging *beliefs* in the correlation between genetic heritage and moral, cultural, or intellectual capacities are problematic because they leave intact a world "structured by past racisms that cannot be located at the level of thought because they are now—and probably were always—primarily located within practices that are sustained not so much by individuals, but by institutions, both local and global" (2010, 6). It is also worth pointing out that very few scientists or lay people seriously espouse beliefs in biological racial inferiority these days; yet racial discrimination and deep structural inequalities between racial groups persist. This suggests that scientific racism is, and may have always been, a straw man, unworthy of the bulk of our anti-racist focus.

Indeed, scientific challenges to the race concept are nothing new. Eric Voegelin—a German-born political theorist working in Austria during the rise of National Socialism in Germany (years before Appiah's birth)—addresses this tendency by arguing for a distinction between *race theory* (an endeavour of the natural sciences) and the *race idea* (a fundamentally political concept). "When we speak of the race idea," he writes, "we have in mind chiefly the idea as it is used by modern creeds, of the type of National Socialism, in order to integrate a community spiritually and politically" (Voegelin 1940, 283). His concern is with race as a tool for defining and shaping communities, which is not the sort of thing that can be proven true or false. While Voegelin acknowledges that theories of race have proved empirically unverifiable and believes this to be a valid criticism, he argues that a "symbolic idea like the race idea is not a *theory* in the strict sense of the word" (Voegelin 1940, 284, *emphasis added*). Precisely because the race idea is not a theory, such criticism, while correct, "is without meaning, because it is not the function of an idea to describe social reality but to assist in its constitution" (Voegelin 1940, 284). The point of a race

idea is not simply to recognize differences between groups but to establish and maintain those differences.

Thus we must recognize that, though use of the race idea purports to be based in and supported by scientific race theory, to criticize the race idea by pointing to the flaws in the supposedly supporting scientific theory is only half the battle—the very well-worn half.

Voegelin recommends a different sort of scientific analysis—one that goes beyond questioning the biological (or even the cultural) *existence* or *reality* of racial groups or racial difference on the basis of empirical data. He calls instead for a methodical *description* and *analysis* of the *development* and *function* of the race idea as a political symbol and as constitutive of social realities within specific historical contexts (Voegelin 1997).

The Race Idea in Assisted Reproduction

Since today's epistemic scientism denounces the concept of race in terms of genetics, we might imagine that racial categorizations would be least present in scientific contexts—particularly those focused on genetics. Yet a variety of scholars working in genetics or engaged in the critical study of science/medicine have pointed to the persistence of race as an organizing discourse in these very contexts (Roberts 2011; Weiss and Fullerton 2005). Given this persistence, bioethics has an important role to play in shifting the analysis of race issues away from epistemic scientism and questions about the *truth* of race in favour of a more complex and productive examination of the *function* of the race *idea*. To demonstrate this role, in what follows I will show how this can and has been accomplished in the context of assisted reproductive technologies.

The world of reproductive technologies (particularly where it concerns donor gametes) is notable for its consistent, central, and unapologetic use of racial categorization. This might seem surprising if we see such technologies as part of reproductive medicine—that is, as medical technologies used to treat infertility. When we hear the language of biological, genetic, or biogenetic relation being used to describe those people who provide the gametes (egg or sperm)—as in “the biological mother” or “the genetic father”—used in the creation of a child (who may then be raised by other parents), we might assume that genetic science serves as an important framework for ART practices. On the other hand, we might understand assisted reproduction as

technologies that mimic or correct nature in order to create families. When reproductive technologies are seen as an intimate site in which babies and kinship (parents and children) are created, the importance of race may not seem so surprising after all.

Consider that much of the important work establishing the field of bioethics has occurred within a general framework of liberal individualism—as, for example, in Beauchamp and Childress's (2008) famous four principles of biomedical ethics: autonomy, beneficence, non-maleficence, and justice (understood in terms of fair distribution of goods and services). Such principles, and a sincere effort to balance them, are very useful in many biomedical contexts. However, ART practitioners, ART consumers, or even lay people faced with media coverage of race issues in ART will be unlikely to find these principles helpful in gaining a true understanding of what is at stake in questions of race and reproduction—on the personal, social, *and* political levels. By contrast, if one puts aside one's assumptions about what race is and how it should be considered morally, focusing instead on asking about the function of the race idea in a given ART situation, those personal, social, and political stakes are illuminated. To illustrate this, I will examine three common concerns about race in ART contexts: (1) whether it is a problem that white people are the primary users of ART; (2) whether trans-racial surrogacy is acceptable or exploitative; and (3) whether it is appropriate to classify donor gametes according to race.

The “Whiteness” of ART

For a long time, the image that represented the magic and promise of reproductive technologies was that of a healthy white infant. That image is slowly changing (or at least multiplying) as such technologies are increasingly marketed to families of other races and ethnicities who have the means to pay for fertility treatment. Given this change, and assuming the trend will (or ought to be encouraged to) continue, we might be tempted to see facts about the race of ART users as a question of distributive justice. Taking race, in this matter, as a socio-historical categorization (rather than a biological one), we could argue that it is important that all people, no matter what racial background they identify (or are identified) with, have access to reproductive technology. We might even go a step further to argue that reproductive technologies should be available to infertile people

regardless of socio-economic status. Such a stance could change a lot of lives and would mark a definite change in the history and present state of ART practices.

Indeed, were we to assume that, as a solution to the problem of infertility, we would find the highest use of reproductive technologies where infertility rates are highest, we would be sorely misled. Both within the United States and globally, “[p]oor women have greater rates of infertility than do middle-class women, but they receive less infertility treatment and are exposed to more childbearing-related risks than more privileged women” (Shanley and Asch 2009, 857). Yet, this is not simply because these technologies are rarely publicly funded and thus require significant private resources. This disparity can be better understood by looking beyond individual economic means to consider the broader causes of infertility. A major cause of infertility among poor women (and disproportionately minorities) is untreated STDs or poor medical treatment during an earlier birth—the social and political product of what Shanley and Asch describe as “overlapping and linked racial and economic factors” (Shanley and Asch 2009, 855). Were we interested in helping these women, relatively affordable preventive measures (which would be good for health in general as well as fertility) seem to make much more sense than expensive *ex post facto* interventions. Meanwhile, infertility among industrial and agricultural hourly wage workers is often the result of workplace and environmental toxins (Shanley and Asch 2009). Reproductive technologies also seem an ill-fitting solution for this population. Indeed, the only systemic infertility problem for which such technologies may seem like the best solution is that of delayed childbearing—which disproportionately affects professional and white-collar workers. (And even this is a gendered issue, which should itself be deconstructed and would admit to a variety of non-medical, social solutions.) With this recognition, we begin to see that the problem of the “whiteness” of assisted reproduction may be more than a question of the racial identity of ART users. We must consider how these technologies have arisen and developed with the concerns of a certain population in mind and what traces they bear of that particular standpoint.

When we ask about how the race *idea* has functioned and continues to function to make reproductive technologies more accessible or appealing to some groups than others, different sorts of disparity and ideology come to the fore. Though we tend to think of “reproductive technologies” as those technologies that *facilitate*

reproduction, there are two sides to the technological reproduction coin. On one side, “[i]n the industrialized countries of the West and the North, it is *infertility* that is of concern to the reproductive experts who tell us that infertility rates are skyrocketing” (Raymond 1994, 1, *emphasis original*). On the other side, “[i]n the East and in the developing South, it is [a] perception of unrestrained female fertility [that] justifies invasive medical intervention”—like contraceptives and sterilization (Raymond 1994, 1). Another way to describe these two opposing parts of the world would be as “white” and “non-white.” The imagined hyper-fertility of non-white people has appeared as a “problem” in a variety of historical contexts. Anglo-European colonists, particularly in large, permanent settlements like that of South Africa, were given to the fear of being “swamped” by the already majority, and seemingly more fertile, native populations (Klausen 2004). In the United States in the early twentieth century, immigrants considered non-white seemed to pose a similar threat, providing one of the arguments against making voluntary birth control available to white middle and upper classes. Poor, rural whites were also thought to reproduce not only in excess quantity but of inferior quality, threatening the deterioration of the white race (McCann 1994). Since the post-colonial period, the danger posed by “excessive” fertility in the so-called Third World or Global South has been expressed in terms of global overpopulation, while in the United States in the second half of the twentieth century, it is poor, urban blacks who are most often criticized for perpetuating their own poverty and draining state resources by bearing too many “illegitimate” children (Roberts 1999). In other words, understandings of when, where, and why fertility or infertility are considered problems are connected to the same long-time assumptions and anxieties that have historically fuelled various eugenics movements—assumptions and anxieties about how those populations seen as “most fit” might be overrun by those seen as “least fit.”

Lisa Ikemoto (1995) and others argue that lines drawn in the social imaginary between white and non-white, the infertile and the too-fertile, not only unconsciously guide ART thinking and policy in the United States but are also reinforced by it. The image of the infertile white career woman as selfish in exercising too much will (by not accepting her natural role as mother) stands in contrast to the image of the too-fertile woman of colour who bears children too young, too often, and

out of wedlock due to her inherent *weakness* of will—her selfish inability to control her sexual appetites that, through welfare payments, will soon prove a drain on society (Ikemoto 1995). The mutually constitutive nature of these images is demonstrated in the following comment from the *Chicago Tribune* defending a fifty-nine-year-old, white British woman who, in 1993, was able to give birth to twins by means of egg donation and in vitro fertilization:

What has the woman done that merits such ethical concern and public criticism? She isn't an unmarried, 15-year-old high school dropout whose unplanned baby will put her on welfare, perhaps for decades. She isn't 21 and having her fourth baby by four men, none of whom will actively father their children.

She hasn't been using crack or other illegal drugs during pregnancy, condemning her unborn infant to neurological problems of unpredictable severity. She's not passing along the AIDS virus or forcing fetal alcohol syndrome on her child by drinking. She's not risking her baby's health by skipping prenatal care. Her twins aren't the unintended and unwanted consequences of careless sex (Beack 1994, C3).

For the American author of the editorial, the British woman stands in for whiteness in general. Her whiteness is then contrasted with a series of highly racialized images that refer very clearly, if not explicitly, to poor black women and girls in the American racial imaginary. The editorial thereby uses race to mark out which women are deserving of motherhood, and therefore of technological assistance in achieving motherhood, and which women are not deserving of motherhood and should not only not be helped but should in fact be prevented from becoming mothers. Thus one function of the race idea in assisted reproductive technologies is to define the reproductive “problems” different groups of women are experiencing and to dictate when and how they should be “helped.” When we think about the “whiteness” of assisted reproduction, then, we must look beyond liberal individualism's focus on free individual choice and access to technologies. We must not simply ask whether some non-white women or couples can access reproductive technologies, nor must we simply seek ways to further expand access. Rather, we must examine the racialized discourses that encourage certain modes of parenting and family formation while casting

other modes as poisonous to society. Of course, this will not be achieved by disproving the scientific reality of race or by arguing for the elimination of the race concept; we will have to grapple with the race idea itself and the social structures that it produces and supports.

Race and Surrogacy

In gestational (or IVF) surrogacy, the surrogate carries a child not genetically related to her after an embryo is implanted in her womb following its in vitro fertilization. Though using a surrogate of a different race would have been *physically* or *logistically* possible with traditional surrogacy (where the surrogate *is* genetically related to the child she carries), it has only become socially possible and, indeed, desirable with gestational surrogacy. While there are, and have been, individuals and couples who have opted for interracial (and transnational) adoption, as far as the use of reproductive *technologies* is concerned, the expectation has always been that a child *created* will “match” the intended parents racially or ethnically. To create a baby of one's own race, with or without technological assistance, is considered so natural as not to even constitute a choice (Ikemoto 1995). We can imagine, then, that it would not even occur to white couples seeking traditional surrogates to look for a woman who was anything other than white. Yet, eerily enough, even before the first successful execution of an IVF surrogacy, John Stehura of the Bionetics Foundation, Inc. (an organization that arranged traditional surrogacies), predicted that once it was possible to have an “authentic” surrogate—that is, a woman who contributes none of the child's genes—clients would “find the breeder's IQ and skin color immaterial” and “the surrogate industry could look for breeders—not only in poverty-stricken parts of the United States, but in the Third World as well” (cited in Corea 1985, 215). Stehura also speculated (with what turns out to be disturbing accuracy) that in these cases “perhaps one tenth the current fee could be paid women” (cited in Corea 1985, 215).

Today, both of Stehura's possibilities have become realities. Women of colour in the United States and abroad have served as surrogates for white Western couples. As Amrita Banerjee points out, most of the philosophical literature on commercial surrogacy has analysed the issues using the ethical paradigms of reproductive liberalism or the exploitation model. In arguments from (or marketing based on) reproductive

liberalism, transnational surrogacy is often seen as providing economic conditions for the surrogate to exercise greater autonomy (Banerjee 2010). In most cases, the surrogate is, after all, making the equivalent of nearly five years of total family income (Pande 2011). Of course, the fact that the sum is so great relative to the surrogate's other earning opportunities lends support to the opposing exploitation arguments that point to the oppressive sociopolitical conditions (both local and global) in which women take up the role of surrogate (Banerjee 2010). But while, according to Banerjee, the reproductive liberalism argument carries "the danger of normalizing or naturalizing power imbalances and the exploitation of the less powerful by the more powerful players of globalization," the "language of 'use' and 'control' at the heart of [the exploitation] paradigm can end up projecting individuals purely as passive victims who are always at the mercy of superior forces external to them" (Banerjee 2010, 109–110). Markens finds the same "two competing frames: exploitation/inequality vs. opportunity/choice" in her analysis of U.S. media framings and public discourses about transnational surrogacy (Markens 2012, 1748).

Like scientism's opposition of science and "pseudoscience," the contrast between liberalism and exploitation proves overly reductive. Ultimately, Banerjee argues that the idea of a "transnational reproductive caste system" provides a more useful framework, as it highlights (1) the stratification of women's reproductive labour within the global economy along racial and other lines, (2) the physical, psychological, and structural violence of the transnational surrogacy industry, and (3) the "unfair distribution of benefits, burdens, and opportunities across social hierarchies" (Banerjee 2014, 114). This and other work that explore how the intersections of various local and global inequalities play out within transnational surrogacy are absolutely essential. For my purposes, however, I would like to isolate the race idea (though such isolation is always artificial) to ask about its specific function in surrogacy practices, focusing on U.S. cases.

Though the *product* of reproductive technologies is often taken to be a healthy child for an infertile couple, Charis Thompson (2005) suggests we look at ART practices in a slightly different way: as biotechnological innovations that make not only children but *parents*. It is a constitutive feature of such practices that they enlist people, instruments, and techniques (and, often, genetic material) outside of or beyond the intended parent(s) in

the process of reproduction. This means that the work that occurs in the fertility clinic aims not only to create a child where such creation was not previously possible but also to ensure that the correct couple or person come to be understood as the parents of that child. Thompson has called this work *ontological choreography*, and it includes a process she describes as *strategic naturalizing*. She defines *ontological choreography* as "the dynamic coordination of the technical, scientific, kinship, gender, emotional, legal, political, and financial aspects of ART clinics" in order to produce "parents, children, and everything that is needed for their recognition as such" (Thompson 2005, 8).

Crucial to the establishment of kinship is what Thompson calls *strategic naturalizing*. She elaborates this process by examining patient narratives around two technically identical procedures that lead to different kinship configurations: gestational surrogacy and IVF with ovum donation.¹ Noting the different boundaries drawn in patient narratives between what is biological and what is social in conception, pregnancy, and parenting, Thompson argues that there is no fixed natural basis for establishing kinship. Rather, such relations are constructed and then *naturalized*. Ideas of race, ethnicity, and culture appear here as resources available to fertility patients in their construction of naturalizing narratives, helping to disambiguate various contributors to the child's birth and to name particular people as the child's "true" parents.

Thompson puts a fairly positive spin on the phenomenon, focusing on cases of donor egg IVF in which the intended mother (who would be carrying the pregnancy) selected a woman of her same race or ethnicity to provide the donor egg. In one case, a woman chose as her donor a friend who, like her, was Italian American, describing this shared ethnic classification as being "enough genetic similarity" (Thompson 2005, 156). In another, an African American declared her intention to use an African American friend or relative as her donor, likening this help to a history of shared parenting practices in African American communities. In both of these cases,

¹ Both involve the creation of an embryo through in vitro fertilization and the subsequent implantation of that embryo into a womb. But whereas in gestational surrogacy the woman who provides the genetic material is the intended mother, in IVF with ovum donation the intended mother is the woman who gestates the fetus.

racial *similarity* between intended mother and donor becomes a resource for highlighting the connection between intended mother and child. By contrast, in gestational surrogacy, while the genetic connection of the child to the intended parents is thought to establish the child as *theirs*, the racial *difference* between the surrogate and the child gestated becomes a resource for establishing that child as *not hers*.

The prevalence of attributing this kind of hereditary certainty and security to visible racial similarity and difference—also a significant element in the case of transnational gestational surrogacy—is attested to by the fact that Heléna Ragoné (2000) finds the same attitude among domestic surrogates, who reported that contracting with couples of a different race from their own helped them to maintain a distance between themselves and the children they were carrying. In the well-publicized 1993 case of *Johnson v. Calvert*, Anna Johnson, a single black woman, fought Mark and Crispina Calvert, a white man and a Filipina woman, for parental rights to a child who was genetically theirs but whom Johnson had carried and delivered. As Valerie Hartouni (1997) describes, racial ideas and images were deployed in the case to discredit Johnson and her connection to the child, while shoring up the Calverts' claim. For example, the fact that Johnson was black and had once been on welfare, which was brought up in court, “signified ... moral depravity, lack of veracity, and capacity for deception” and “marked her as someone capable of deceiving the Calverts and exploiting their procreative yearnings in a coldly calculating fashion, for gain—indeed as someone who lied rather than simply changed her mind” (Hartouni 1997, 96). Meanwhile, Crispina Calvert asserted repeatedly in court and to the press, “He looks just like us” (Hartouni 1997, 95).

Moreover, race was used to strategically *denaturalize* Johnson's very desire to keep the child she carried. Dominant reproductive discourse tends to portray gestation, and particularly quickening, as naturally and universally arousing in women a “deep, biologically rooted sense of maternal desire” (Hartouni 1997, 91). What then, Hartouni asks,

rendered Johnson's claim so remarkably queer, unfathomable, deviant, or unusual—in fact, so

specious as to inspire Superior Court Judge Richard Parslow to pathologize it as criminal, as a potential instrument for future emotional and financial extortion, and to dismiss it as groundless (Hartouni 1997, 91)?

The answer seems to lie not merely in Anna Johnson's race, but in the perceived racial *difference* between her and the child she carried. Thus the claim by the Calverts' lawyers that Johnson “had been motivated to sue for custody not, as she claimed, because of ‘maternal instincts’ that had ‘just come out naturally,’ but rather ... because she fetishized whiteness” (Hartouni 1997, 94).

These examples suggest that, for good or ill, conceptions of racial similarity and difference play an important and active role in helping to resolve tensions about who should be considered the real parent(s) of children produced by reproductive technologies. Moreover, the cases in which racial difference is used to discredit reproductive relations or desires show that the race idea can be used even where there is not agreement between all parties and well beyond the confines of the fertility clinic. As a major factor in assisted reproduction, then, race served at one time to limit the pool of women available to serve as surrogate mothers to infertile couples. With the advent and improvement of the technologies that make possible *gestational* surrogacy, a much wider pool of women has become available, which has resulted in the creation of a surrogacy industry predicated on structural inequality. Within that industry, not only are race and colour significant factors in determining the relative market value of biological material and reproductive labour (Sarojini, Marwah, and Shenoï 2011; Vora 2009), but the race idea itself also serves key ideological functions.

Racial Classification of Donor Gametes

According to Dov Fox, “twenty-three of the twenty-eight sperm banks operating in the United States provide aspiring parents with information about donor skin color, and the largest banks organize sperm donor directories into discrete sections on the basis of race” (Fox 2009, 1846). In fact, until recently, one major sperm bank stored and shipped semen in colour-coded vials where:

- A white cap and white cane indicate a Caucasian donor.
- A black cap and black cane indicate a Black/African American donor.
- A yellow cap and yellow cane indicate an Asian donor.
- A red cap and red cane indicate donors of Unique or Mixed ancestry (Fox 2009, 1853–1854).

This measure was designed to ease fears of “racial mix-ups,” which, when they have occurred, have garnered significant media attention, as in the 1990 case where a white couple sought artificial insemination with what was supposed to be the husband’s sperm and ended up with a child described as black. As Patricia Williams recounts, the woman sued not simply because she had been inseminated with the wrong sperm but when “the racial taunting of her child became unbearable” (Williams 1991, 186). Race also plays a major role in the description of the emotional and economic damage alleged in a 2014 suit in which one member of a lesbian couple was inseminated with the sperm of a black donor rather than the white one they had selected. Fears about the discrimination the child will face, worries about racially insensitive family members, difficulty in getting the child good hair care, and the possibility of having to relocate to a more racially diverse neighbourhood have all been cited by the couple and their lawyer (Bever 2014).

It is not hard to defend these lawsuits in liberal terms—the parents in question made choices on offer to them, paid for services, and received something different than what they had selected. The providers in question not only made mistakes but did so in the arena of reproduction—an arena within which we have good ethical reason to insist on privacy and respect for personal choice. But respect for personal choice does not seem to apply in all cases involving race and reproductive technologies. Rather, there is a strong expectation that people will choose to have children who match them racially, and violations of this “rule,” especially the idea of a non-white person choosing to have a white child in order to confer social advantage upon that child, are not well received. The anxieties produced by the crossing of the “colour line” in ART practices became visible in a series of stories from early 1994 reacting to the fact that a black woman had chosen to be implanted with embryos made with ova from a white woman. On Ikemoto’s account, the “image of a black woman

claiming authority over a white child inverts the racially-based rules of status and ownership,” while the “use of transracial egg donation to change the conclusion that blackness begets blackness challenges the assumption that black mothers create the traits deemed inferior by white supremacy” (Ikemoto 1995, 1017). Thus the woman’s decision was held up as an example of science going too far, with the immutability of race marking “the desirable line between the natural and the unnatural” (Ikemoto 1995, 1017).

Practitioners have also been known to police their clients’ donor selections on the basis of race. Seline Quiroga records the following description of an interaction between a fertility patient and the first physician she consulted:

We talked briefly and he asked me whether or not I had any questions. Well, I just said, “Well, how do you try to match the physical characteristics of the husband?” And he says, “Well, you know unless your husband has any real distinguishing features, usually it’s not difficult to do that.” And I said, “Well, I think my husband’s most distinguishing feature is the fact that he’s black.” ... And he goes, “Oh, I don’t have any black donors in the program.” ... And immediately in my mind, I kind of moved past it. I said, “Okay, well, I’ll take anything in, you know, in the color range.” I said, “If you have, you know Hispanic, Puerto Rican, you have somebody, I mean, a tangent. I mean, those are all people with African descent over history and time; hey, I’m not going to be too flipped out or too choosy about it. I’m open. It’s only sperm. And the baby is gonna be half black or something because it’s going to be my baby, right? So, I didn’t trip off of it. And he says to me, “Oh, no, I do not think that would be appropriate at all” (Quiroga 2007, 155).

More recently, in July 2014, a story broke about a single white Canadian woman who was told by a private Calgary sperm bank that she could only purchase sperm from donors of her “same ethnicity” (i.e., white donors). The doctor who directly forbade Catherine from selecting the sperm of the non-white donors in whom she had expressed interest, cited an explicit clinic policy, available on its website at the time that the story broke: “it is the practice of the Regional Fertility Program not to permit the use of a sperm donor that would result in a future child appearing racially different than the

recipient or the recipient’s partner” (Barrett 2014, ¶6).² The doctor is quoted as explaining, “I’m not sure that we should be creating rainbow families just because some single woman decides that that’s what she wants. That’s her prerogative, but that’s not her prerogative in our clinic” (Barrett 2014, ¶5).

While the ostensible defence of placing racial labels on donor gametes is one of consumer reproductive rights or liberty (often accompanied by a downplaying of the continued importance or relevance of race in today’s society such that it is just one consumer choice among many), the expectation and policing of racial *matching* suggest that it is actually the individual’s or couple’s own possession of the racial identity that confers the right to bestow that same identity upon the child to be created. As Ikemoto puts it: “Despite common knowledge of basic genetics and despite our apparent embrace of colorblindness as a legal standard and social norm, we still see race as immutable” (Ikemoto 1995, 1016).

The race idea here, re-naturalized, can be seen as performing at least two functions. First, as Ikemoto has pointed out, the supposed immutability of race can be used as a boundary, marking how far science and technology should and should not go. Reproductive technologies are attempts to correct or improve upon nature, ways of pushing past natural limits to fulfil human projects and desires. However, because *reproductive* technologies are interventions in processes that are seen as most natural in human life, they inevitably provoke anxieties about shifting boundaries of the “natural” and “unnatural,” which, by definition, are supposed to be fixed. The visceral nature of our feelings about race and the shadow cast by the eugenics of the early twentieth century may combine to convince us that allowing people to make choices about race is the line that must not be crossed—race must be left to “nature” and not allowed under human control.

The extreme irony of this thinking, of course, is the fact that “race”—when understood as the race *idea*, not the variation of human phenotypes—has never been natural and has always been under human control. It is people and societies who have picked out certain physical features, classified them as racial, assigned them

further meaning, and used them for social and political ends. Which leads us to the second function of the race idea in this ART context. By asserting the transmission of racial identity through reproduction as *natural*—rather than *political*—the race idea in ART discourses normalizes existing racialized privilege and inequality. As Roberts reminds us, in U.S. society “perhaps the most significant genetic trait passed from parent to child is race” (Roberts 1999, 267). Imagine what would be up for grabs if racial status were no longer fixed in this way.

Medicalize, Personalize, Depoliticize

By turning our attention away from the truth or falsity of race *science* and focusing instead on the functions of the race *idea*, we have taken our bioethical analysis of race in assisted reproductive technologies beyond the limits of epistemic scientism. There is, however, another danger of epistemic scientism relevant to the ART context that has not yet been addressed. Correcting harmful beliefs (as in beliefs about racial superiority/inferiority) is just one way epistemic scientism may be used in efforts to bring about positive social change; another way is through technology. As Martin Heidegger (1993) and other philosophers of technology have pointed out, the human drive to gather and improve scientific *knowledge* is intimately connected to the drive to master and control nature. This drive for mastery—and a focus on technological solutions over other possible approaches to things like human suffering and social inequality—can also have racial overtones and racist consequences.

The aforementioned methods of assisted reproduction are practised within a larger social and medical context that includes what Lee M. Silver has dubbed *reprogenetics*: “the use of genetic information and technology to ensure or prevent the inheritance of particular genes in a child” (Silver 2000, 375). Indeed, we seem to have entered what we might call an era of *liberal* or *neo-liberal* eugenics. Such an era is characterized not only by the increasing availability of reprogenetics (often offered as individualized market choices) but also by the sense that procreation carries with it a *personal responsibility*, such that one must try to avoid bearing any children with genetic “flaws” who might prove a burden on society.

As Nikolas Rose describes, in “advanced” liberal democracies, strategies of rule must not “seek to govern through ‘society’, but through the regulated choices and

² This copy was removed from the website the following week, and the clinic released a statement saying that the policy, in place since the 1980s, had been discontinued a year earlier (Higgins, Sturino, and Mitton 2014).

aspirations to self-actualization and self-fulfillment” (Rose 1996, 41). In so far as national or social prosperity is thought to be achieved through individual prosperity, and in so far as individual prosperity is thought to require personal freedom, the state is believed to be taking a backseat while individuals are not simply *left* but rather *exhorted* to govern themselves. It is important for proponents of so-called *liberal* eugenics that their practices of making “better” children be distinguished from reviled former practices of eugenics in virtue of a lack of state-sponsored coercion (and a lack of a racially motivated agenda). Reproductive and reproductively technologies must be chosen and used without state intervention so as to escape obvious forms of power and domination. Yet, these “private” interactions involve the exercise of great deals of power.

In his discussion about the ethics of all forms of human enhancement—including so-called “designer children”—Michael Sandel (2009) argues that the language of autonomy, fairness, and individual rights that permeates discussion of the issue fails to capture much of our deep uneasiness about the “pursuit of perfection.” Some opponents fear that genetic enhancements will “undermine our humanity by threatening our capacity to act freely, to succeed by our own efforts, and to consider ourselves responsible—worthy of praise or blame—for the things we do and for the way we are” (Sandel 2009, 82) (as in athletes who succeed via biotechnological enhancement of their skill). By contrast, Sandel argues that the “deeper danger” enhancements represent is a kind of *hyperagency*. Far from simply allowing people to do as they like or to freely pursue their individual projects, the availability of enhancements and biotechnological fixes appears as “a bid for compliance—a way of answering a competitive society’s demand to improve our performance and perfect our nature” (Sandel 2009, 82).

Where we believe we fully control our or our children’s traits and abilities, we lack an appreciation for the role of luck in our lives, for chance as a factor in our successes and the failures of others (Sandel 2009). Rather than acknowledging what Sartre called our *facticity* even as we recognize that we have freedom in how we take up those givens in life, the availability of genetic enhancement suggests that there are no givens with which one must contend. This leads to an over-heightened sense of responsibility according to which, though we may also be praised for our skills and successes, we must be blamed for any lacks or failures.

Socio-historical factors shaping one’s life possibilities and outcomes (like racial prejudice and discrimination) fade into the background. In the face of this dogmatic belief in individual responsibility, social solidarity is diminished. After all, if everyone is personally responsible for his or her own lot, there is little reason to respond with sympathy to those who are suffering or in need.

In a similar vein, Roberts (2005) argues that there are crucial similarities between the reproductively technologies aimed at middle- and upper-class women whose reproduction is generally encouraged and those contraceptive technologies aimed at poor and non-white women, which she understands as *privatization* and *punishment*, respectively. “Both population control programs and genetic selection technologies,” she suggests, “reinforce biological explanations for social problems and place reproductive duties on women that shift responsibility for improving social conditions away from the state” (Roberts 2005, 1344).

The new or heightened responsibilities that emerge as reproductively becomes more accessible and more powerful are simply the latest iteration of a highly racialized discourse. The many real problems plaguing poor and minority communities have long been blamed on “irresponsible” reproductive decisions within those communities rather than on an extensive and continuing history of racist marginalization and exploitation and discriminatory social policy. Though proponents of these technologies are likely sincere in their desire to use scientific knowledge and power to improve *all* lives, the contemporary focus on genetic correction and enhancement risks exacerbating rather than reversing this racist trend. A focus on individually accessed technological solutions implies that social and political solutions aimed at structural inequalities are misguided, ineffectual, or unnecessary. A privatization of the sources of inequality thus depoliticizes them.

Epistemic scientism appears to be an important and authoritative source for justice and social improvement. Both disproving any scientific basis for racism and empowering individuals through technology seem like laudable goals. Unfortunately, pursuing these goals risks gravely oversimplifying the root causes and ongoing mechanisms of racism and racial injustice, drawing our attention away from the continuing operation of the race idea in bioethical contexts and monopolizing the resources needed to fundamentally restructure our racist social and political

landscape. Ultimately, I suspect that ART policy and practice will not prove to be ideal sites for such restructuring, since they only represent a much larger and longstanding racial politics of reproduction. Since the racial decision-making in ART practices can be relatively stark, however, its importance as a diagnostic tool for measuring the power of the race idea will likely remain.

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